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OSTROLENK FABER GERB & SOFFEN
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Max Moskowitz	(Depositor's name)
<i>[Signature]</i>	(Signature)
January 6, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/091,626	03/06/2002	Shuhei Iizuka	P/16-309	8209

TITLE OF INVENTION: OPTICAL SCANNING PROBE DEVICE USING LOW COHERENCE LIGHT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	01/14/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LE, QUE TAN	2878	250-201200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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(Authorized Signature) Max Moskowitz (Date) 1/6/04
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